

LABOR STANDARDS INTERVIEW

FORM APPROVED
OMB NO. 9000-0089

CONTRACT NUMBER		EMPLOYEE'S NAME (Last, First, M.I.)	
NAME OF PRIME CONTRACTOR		EMPLOYEE'S ADDRESS (Street, City, State, ZIP Code)	
NAME OF EMPLOYER	WORK CLASSIFICATION	WAGE RATE	
	SUPERVISOR'S NAME (Last, First, M.I.)		
DO YOU WORK OVER 8 HOURS PER DAY?			(Check Below)
			YES
DO YOU WORK OVER 40 HOURS PER WEEK?			
ARE YOU PAID AT LEAST TIME AND A HALF FOR OVERTIME HOURS?			
ARE YOU RECEIVING ANY CASH PAYMENTS FOR FRINGE BENEFITS REQUIRED BY THE POSTED WAGE DETERMINATION DECISION?			
WHAT DEDUCTIONS OTHER THAN TAXES AND SOCIAL SECURITY ARE MADE FROM YOUR PAY?			
HOW MANY HOURS DID YOU WORK ON YOUR LAST WORK DAY BEFORE THIS INTERVIEW?			
HOURS	WHAT DATE (YYMMDD) WAS THAT?		
WHAT TOOLS DO YOU USE?			
WHEN DID YOU BEGIN WORK ON THIS PROJECT (YYMMDD)?			
I HAVE READ THE ABOVE AND CERTIFY IT TO BE CORRECT TO THE BEST OF MY KNOWLEDGE.			
EMPLOYEE'S SIGNATURE		DATE (YYMMDD)	
INTERVIEWER'S SIGNATURE		DATE (YYMMDD)	
INTERVIEWER'S COMMENTS			
WORK EMPLOYEE WAS DOING WHEN INTERVIEWED			
IS EMPLOYEE PROPERLY CLASSIFIED AND PAID? (If additional space is needed, use comments section)			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE WAGE RATES AND POSTERS DISPLAYED?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
FOR USE BY PAYROLL CHECKER			
IS ABOVE INFORMATION IN AGREEMENT WITH PAYROLL DATA?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
COMMENTS			
DATE OF CHECK (YYMMDD)	NAME OF CHECKER (Last, First, M.I.)	JOB TITLE	SIGNATURE